

**NIH INTRAMURAL RESEARCH TRAINING AWARD PROGRAM**  
**Supplemental Fellowship Agreement**

In accepting this Supplemental IRTA Fellowship, I certify that I have read the "Statement of Supplemental IRTA Program Provisions" and agree to comply with the terms outlined:

**A. PROGRAM ELIGIBILITY**

1. I am a U.S. citizen or resident alien. I will provide acceptable proof of my citizenship or residency status at the time I report to activate my award.
2. I meet the educational and professional experience requirements for participation in the Supplemental IRTA Program.
3. I am currently receiving support under an outside (i.e., non-NIH) fellowship, or have been approved to receive such support. I am not an employee of the outside sponsor. I am not receiving support under the National Research Service Awards (NRSA) Program.

**B. VERIFICATION OF OUTSIDE FELLOWSHIP**

1. I will provide verification of approval/receipt of an outside fellowship and specific information regarding its terms and conditions (including stipend, duration, and benefits), so that the terms and conditions of my NIH Supplemental IRTA Fellowship may be properly established.
2. I will provide timely notification to my NIH training preceptor and other appropriate (ICD) officials whenever the terms and conditions of my outside fellowship are modified or changed, so that adjustments can be made as required in my NIH Supplemental IRTA Fellowship award.

**C. DURATION**

I understand that my initial Supplemental IRTA Fellowship commitment is for (months, not to exceed 1 year) beginning (date) and ending (date), and that renewal beyond the initial commitment is contingent upon continuation of my outside fellowship, satisfactory progress in the training assignment, and mutual agreement between myself and appropriate (ICD) officials. Subject to these conditions, I further understand that the maximum duration of Predoctoral Supplemental IRTA Fellowship awards is generally limited to 3 years and the duration of Postdoctoral Supplemental IRTA Fellowship awards is limited to 5 years.

**D. STIPENDS**

1. I understand that the amount of my initial stipend under NIH Supplemental IRTA Fellowship Program will be determined based on the stipend amount I receive from my outside fellowship, and that any future adjustments in my NIH stipend will be similarly determined. I will provide timely notification to my NIH training preceptor and other appropriate (ICD) officials of planned increases and/or other changes in the amount of my outside stipend, so that proper adjustments can be made in my Supplemental IRTA Fellowship stipend and/or other allowances.
2. Since I will receive a stipend check from NIH at the beginning of the current month, I will immediately notify my training preceptor and other appropriate (ICD) officials of any change in my status and also agree to reimburse the U.S. Government for any days (other than excused absences) for which I have already been paid but will not work. Certification of NIH training will not be provided until accounts are settled.

## **E. BENEFITS**

1. I will have adequate health insurance coverage either through the Foundation for Advanced Education in the Sciences (FAES) or through another private plan.
  - a. If coverage and/or funds for this purpose are not provided by my outside sponsor, then NIH will make payments or reimbursements for a policy issued in my name, limited to the cost FAES' lowest option coverage or to the cost of another private plan, whichever is less.
  - b. If my outside sponsor provides funds but the amount is insufficient, then NIH may, at its option, provide a supplemental allowance for the purchase of a policy in my name. If provided, the amount of the NIH contribution will be limited to the difference between the funding provided by my outside sponsor and the cost to purchase FAES' lowest option coverage or another private plan, whichever is less.
  - c. I understand that if I am authorized an NIH monthly health benefits allowance, and if my Supplemental IRTA Fellowship begins on a day other than the first calendar day of the month, then I must pay the premium for the partial month myself. Payments or reimbursement from the NIH will begin effective on the first day of the next month.
2. To obtain reimbursement for travel to NIH to begin my Fellowship, I will provide the ticket coupon for travel by commercial carrier (e.g., bus, train, air) or odometer readings for travel by private automobile, and lodging receipts, if any. I understand that I will be reimbursed for mileage and per diem only and that such reimbursement will be in accordance with governing Government regulations. If a travel allowance is provided by my outside sponsor, I further understand that NIH will supplement that allowance only to the extent that outside funding is insufficient to pay authorized mileage and per diem.
3. I will seek advance approval for travel to attend scientific meetings or for training directly related to the purpose of my Supplemental IRTA Fellowship. I understand that the authorization of such allowances is discretionary, and must be in accordance with governing Government regulations.

## **F. DEDUCTIONS**

1. I understand that I am not eligible for coverage under the Federal Employees Retirement System, and that deductions for this program, as well as Social Security and Medicare, will not be made from my stipend.
2. I understand that my Supplemental IRTA Fellowship is subject to Federal, state, and local income taxes. As required, I will file quarterly estimated returns with the appropriate agencies.

## **G. LEAVE OF ABSENCE AND OUTSIDE WORK**

I will seek advance approval from my training preceptor for any excused leave of absence, and will seek advance approval from my preceptor and other appropriate officials to engage in outside activities.

## **H. PUBLICATIONS AND PATENTS**

1. I will seek advice from my preceptor and request clearance for any publication resulting from my Fellowship in compliance with NIH's publication policies.

2. I will be bound by all provisions of Executive Order 10096, and any orders, rules, regulations or the like issued thereunder wherein NIH determines the rights of the Government and the Supplemental IRTA Fellow in and to inventions conceived or actually reduced to practice during the period of the Supplemental IRTA Fellowship. Furthermore, I will promptly disclose to my preceptor and other appropriate officials all inventions that are conceived or first reduced to practice during the term of my Supplemental IRTA Fellowship at NIH, and will sign and execute all papers necessary to convey to the Government the rights to which the Government is entitled in accordance with any determination made under the provisions of Executive Order 10096.

## **I. OTHER ADMINISTRATIVE REQUIREMENTS**

While on the premises of NIH, I will conform to all applicable administrative instructions and requirements of NIH and the Department of Health and Human Services, including all regulations and procedures concerning conduct, safety, training, and animal care.

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Signature of Supplemental IRTA Fellow

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Date